

Kentucky State Treasury

Unclaimed Property Claim Form Request

Note: This is NOT a claim form. Submit this form to receive an official claim form.

Todd Hollenbach, State Treasurer

Owner name: _____ Property ID number: _____

Owner date of birth: _____

Name of person requesting claim form: _____

Relationship to owner: _____
(for example: spouse, executor/administrator, parent, heir, etc.)

Address: _____

Daytime phone #: (____) ____ - ____ E-mail address: _____

Please give the last **4 digits** of the reported owner's Social Security number or FEIN, if a business:

Please answer the questions below to assist us in verifying information on our database to assure that you are entitled to claim these funds. Please circle the correct response(s).

1. Did the reported owner ever live or receive mail at the address shown on the **search** page? Yes No
2. Is the reported owner deceased? Yes No
If yes, date: _____
3. Name of the administrator/executor of the reported owner's estate? _____

NOTE: If the owner has never lived or received mail at the address reported – and cannot provide the required documentation – eligibility to claim cannot be established.

Please mail this form to:

Unclaimed Property Division • 1050 US 127 South, Suite 100 • Frankfort, KY 40601
(800) 465-4722